

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. <div style="font-size: 1.2em; font-family: monospace;">10599351</div>	FILING DATE <div style="font-size: 1.2em; font-family: monospace;">09.26-06</div>
APPLICANT(S)	

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9	1					
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18	1					
19		1				
20	1					
21		1				
22	1					
23	1					
24		1				
25		2				
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50						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	26	←		←		←
TOTAL ADMS	32					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						